



Missouri Pharmacy Program – Preferred Drug List



Androgen Hormone Inhibitors

Effective 11/14/2007

Revised 07/03/2008

Preferred Agents

- Avodart®
- Finasteride

Non-Preferred Agents

- Proscar®

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.